EXHIBIT A

FORM 810 (Official Form 10) (10/05) 03-44481-rdu Doc 18304-1 Filed 07/15/09 Entered 07/15/09 17:Q6:44 Exhibit A			
UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICTOR YORK)			PROOF OF CLAIM
Name of Debtor Delphi Corporation		Case Number 04-44481	Chapter Chapte
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property):		[] Check box if you are aware that anyone else has filed a proof	RECEIVED
NEW JERSEY SELF-INSURERS GUARANTY ASSOCIATION		of claim relating to your claim. Attach copy of statement giving particulars.	AUG 0 4 2006
Name and address where notices should be sent: New Jersey Self-Insurers Guaranty Association, c/o Jeffrey Bernstein, Esq., McElroy, Deutsch, Mulvaney & Carpenter LLP, Three Gateway Center, 100 Mulberry Street, Newark, NJ 07102-4079		Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope	KURTZMAN CARSON THIS SPACE IS FOR COURT USE
Telephone number: 973.622.7711		sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor:		Check here if [] replaces a previously filed claim, dated: this claim: [] amends	
1. Basis for Claim: [] Goods Sold [] Services Performed [] Mages, salaries and compensations (fill out below) Last four digits of your SS # Unpaid compensation for services performed [] Personal injury/wrongful death [] Taxes [] Other See Exhibit A [] Retiree benefits as defined in 11 U.S.C. § 1114(a) Uages, salaries and compensations (fill out below) Last four digits of your SS # Unpaid compensation for services performed fromto		ces performed	
2. Date Debt Was Incurred:	See Exhibit A	3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes that best described for important explanations. Unsecured Nonpriority Claim \$ [] Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only party of your claim is entitled to priority. Unsecured Priority Claim [x] Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ See Exhibit A		Secured Claim [] Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: [] Real Estate [] Motor Vehicle [] Other Value of Collateral: \$ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	
Specify the priority of the claim:		[] Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).	
[] Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) [] Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		[] Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). [] Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().	
[x] Contributions to an employer benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
5. Total Amount of Claim at Time Case Filed: \$\text{See Exhibit A} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			\$
(unsecured) (secured) (priority) (Total) [] Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statement of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. 			
Date: July 26, 2006	e: July 26, 2006 Sign and print name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		CLAIMS PROCESSING CENTER USBC, SDNY 1
RICHARD W. MEYER, Executive Director, New Jersey Self-Insurers Guaranty Association			

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New Jersey Self-Insurers Guaranty Association ("Association"), formed pursuant to N.J.S.A. 34:15-120.16, is a non-profit entity created to pay workers' compensation claims of employees of insolvent employers who were self-insured in the New Jersey. At the time of the debtor Delphi Corporation's or its subsidiaries or affiliates (hereafter "Debtor") petitions, Debtor was a self-insured in the State of New Jersey. On or about October 13, 2005, the Bankruptcy Court entered an Order granting the Debtor authority to pay, among other things, workers' compensation obligations. While the Association has not made any payments on behalf of the Debtor, and is not presently aware of any pending claim against the Debtor by the Association for reimbursement of payments, should the Association become liable for payments on behalf of the Debtor if the Debtor should fail to meet its workers' compensation obligations for cases arising during the period in which the Debtor was a self-insured member, the Association makes a claim herein.

Thus, the Association is a potential payer in connection with the Debtor's self-insured workers' compensation obligations to satisfy workers' compensation claims from a bond established by the Debtor to satisfy such claims and any other layer of insurance coverage. To assure that the Association has filed for such claims or for any other claims in the event that any acts or omissions of the Debtor occurred prior to the Debtor's filing of its Petition, or occur subsequent thereto, giving rise to a claim against the Debtor, the Association files this proof of claim to preserve its right to assert its claim against the Debtor.